

Case Number:	CM15-0065462		
Date Assigned:	04/13/2015	Date of Injury:	09/08/2000
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 64-year-old male, who sustained an industrial injury, September 8, 2000. The injured worker received the following treatments in the past Norco, Tramadol, Cyclobenzaprine, Naproxen, Pantoprazole, TENS (transcutaneous electrical nerve stimulator) unit, random toxicology laboratory studies and physical therapy. The injured worker was diagnosed with status post left shoulder latissimus dorsi flap reconstruction, bilateral shoulder subacromial bursitis, right shoulder subacromial impingement and bilateral shoulder arthritis. According to progress note of March 18, 2015, the injured workers chief complaint was right wrist, left shoulder and right shoulder pain. The injured worker rated the pain 5 out of 10 for the shoulder pain and 6 out of 10 for the right wrist pain. The hydrocodone improved the pain 4-5 out of 10 and Naproxen relieved the pain 3-4 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted right shoulder was positive subacromial bursitis and impingement. The right wrist with limited strength, ulnar deviation of 20 degrees, radial deviation of 20 degrees and extension of 50 degrees and flexion of 50 degrees. The treatment plan included a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen sodium 550 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on naproxen chronically. There is documentation of modest improvement in pain and function. However, patient has noted gastrointestinal side effects on NSAIDs and is on a very high dose of medications to control symptoms. While naproxen may be beneficial to the patient, prolonged use is dangerous and increases risk of significant side effects along with documented dyspepsia. Short intermittent use may be appropriate during flare ups but chronic use of naproxen is not recommended. Current prescription and documentation is not consistent with short term or intermittent use. Naproxen is not medically necessary.